

INSTRUCTIONS FOR STAFF SAFETY INCIDENT REPORT

FIELD	INSTRUCTIONS
STAFF INVOLVED	
Name(s)	List name(s) of employee(s) directly involved in incident.
Job Title(s)	List job title(s) of employee(s) directly involved in incident.
Office Phone	List phone number(s) of employee(s) directly involved in incident.
Region	Region in which incident occurred. Include region name & number (Orleans 01)
Parish Program Staff	Drop down menu: CSE, EW, CW, DDS, Administration.
If Administration	Indicate if regional or state office administration.
Date of Incident	Indicate date of incident.
Time of Day	Indicate time incident occurred & whether am or pm
WITNESSES	
Name(s)	List name(s) of employee(s) who witnessed incident.
Job Title(s)	List job title(s) of employee(s) who witnessed incident.
Office Phone	List phone number(s) of employee(s) who witnessed incident.
Region	Region of those employee(s) who witnessed incident. Include region name & number (Orleans 01)
LOCATION & ADDRESS OF INCIDENT	
Location	Drop down menu: Employee's home, Client's property or residence, DCFS office, Court, Other. Indicate where incident occurred.
Address	Address of location – include street address, floor, cubicle, room number, city, state & zip.
CASE INFORMATION	
Case Name	Indicate the name(s) of the case(s) associated with the incident.
Case ID #:	Indicate the case identification number(s) associated with the incident.
MEDIA INVOLVEMENT	
Yes/No	Indicate if the media was at the site of the incident, made inquiries regarding the incident or if the incident has potential for reporting by media.
DCFS Crisis Info Sheet	Provide link?
ALLEGED PERPETRATOR	
Name	List name(s) of person who was the primary perpetrator of the incident. (If multiple perpetrators, attach supplemental sheet & indicate “multiple” in this section.
Gender	Male/Female
Contact info	Provide all contact information available for perpetrator(s): residential & mailing addresses, all phone numbers, etc.
Description	Give a description of perpetrator(s) – including height, weight, hair/eyes, identifying marks & scars, etc.
PHYSICAL ATTACK	
Complete this section if the incident involved a physical attack.	Drop down menu: indicate the type of attack – physical harm, damage to property, weapon used/possessed, other.
Did someone require medical attention	Yes/No
	Drop down menu: indicate who required medical attention: employee, perp., bystander
THREAT	
Complete this section if	Drop down menu: indicate the type of threat – physical harm, damage to

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the incident involved a threat.	property, threat conveyed , other. (I'm not sure what this would involve so we may need to provide an explanation.)
Law Enf Involvement	Drop down menu: indicate type of law enforcement involvement – law enforcement called, report filed, perp arrested, other.
	LAW ENF INVOLVEMENT
If law enf. involved, select agency	Drop down menu: indicate law enforcement agency involved – local police dept., parish sheriff dept., state police, other.
NATURE OF INCIDENT	
Narrative	Provide information of what occurred, DCFS response, property damage, etc. Provide as much detail as possible. <i>This should be completed by the employee(s) directly involved in the incident as well as witnesses. Attach these statements as supplemental pages to this report. Supervisors or managers can also provide supplemental narratives as appropriate.</i>
SIGNATURES & DATES	
Submitted by	Signature of person involved in incident & completing report. <i>We may want to remove the word “worker” under this line as the report could be by a clerical person, supervisor, etc.</i>
Received by	Signature of person receiving the report. <i>We may want to remove the word “supervisor” under this line as this could be a supervisor, POM ,etc. We might want to add “title” under “received by.”</i>
DISPOSITION	
# of copies	
Distribution	Original:
	Copies:
Attachments	Attach any supplemental reports containing additional information for the report. Attach other supporting documentation such as police reports, pictures, etc.